

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FLING DATE

09/720564

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5		3					55						
6		1					56						
7							57						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TO IF	2	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TO D.	8	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
TC CL.	8						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331